



Alaska Department of Revenue  
Permanent Fund Dividend Division  
Eligibility Section

242-1

05121

ALN: 20190549718

August 23, 2019

DENALI N SMITH  
3801 PATRICIA LN  
ANCHORAGE AK 99504-4664

**2019 Permanent Fund Dividend  
NOTICE OF DENIAL for:**  
Denali Nicole Smith  
Birth Date: 05/30/1995

**The 2019 PFD Application for Denali Nicole Smith is Denied.**

**This decision is based on the following facts:**

- Denali was absent from Alaska 206 days during 2018 accompanying her same sex spouse.

**Denali Nicole Smith is not eligible for the 2019 Permanent Fund Dividend because:**

- A marriage entered into by persons of the same sex, either under common law or under statute, that is recognized by another state or foreign jurisdiction is void in this state, and contractual rights granted by virtue of the marriage, including its termination, are unenforceable in this state.

See AS 25.05.013(a)

- A same-sex relationship may not be recognized by the state as being entitled to the benefits of marriage.

See AS 25.05.013(b)

- An absence for other reasons greater than 180 days during 2018 is not allowed by PFD Statute or Regulation.

See AS 43.23.008(a)(17)(A).

**If either the facts or the application of the law are incorrect, you have 30 days from the date of this letter to file a Request for Informal Appeal.**

05121

( Continued on back . . . )

Dividend Information: Email - dor.pfd.info@alaska.gov  
Anchorage (907) 269-0370 / Fairbanks (907) 451-2820 / Juneau (907) 465-2326

To have this denial reversed **all** of the following and a **completed and valid Request for Informal Appeal form must be submitted or postmarked by September 22, 2019.**

- Proof Denali was not absent for more than 180 days during 2018 or the absence was for an allowable reason.

Alaska Department of Revenue  
Permanent Fund Dividend Division

This Appeal Request Will Be Denied  
if Received or Postmarked after

## Request for Informal Appeal

September 22, 2019

**Appeal Directions:** Indicate the PFD Year for this appeal, and fill in the boxes below for the individual whose PFD application was denied. *Use a separate form for each individual.*

PFD Year	Name of Individual	Date of Birth	Social Security Number
Current Mailing Address			Daytime Phone Number
City, State, Zip Code		Email Address	Home Phone Number

**To file this appeal, you must pay a \$25 fee or qualify for a waiver.** Alaska Statute 43.23.015(g) requires us to collect this fee. You **must send** a check or money order made payable to the PFD Division, in U.S. funds, drawn on a U.S. or foreign bank. **Do not** send cash.

A request for a waiver of the \$25 fee may be requested if, during the calendar year before the appeal is filed, the individual was a member of a family with an income equal to or less than the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services, OR if the appeal is filed by the State of Alaska Department of Health and Social Services (H&SS) or Office of Public Advocacy (OPA) on your behalf.

- ☐ Enclosed is the \$25 appeal fee in the form of a personal, certified, or cashier's check, or a money order.  
**NO CASH.** (If the denial of the application is overturned, the fee will be refunded in the name of the individual.)
- ☐ A waiver is requested; there were \_\_\_\_\_ members in the household. The **total** household income for the **last** year was \$ \_\_\_\_\_.
- ☐ A waiver is requested; this appeal is brought by an authorized representative of H&SS or OPA.

**What happens when you appeal?** PFD Division staff not involved in the denial of the application will review all information on record and anything else that is sent in to determine whether the denial was valid. Generally, staff can make a decision based on this information.

If we need to make contact, should we write, call or email? ☐ Write ☐ Call ☐ Email

**Late Appeals:** Be sure the appeal is postmarked or received on or before the date in the upper right hand corner of this form. Late filed appeals will be denied.

**Signature Required:** The adult individual, child's sponsor, or the individual's Power of Attorney (POA) must sign this form. The appeal request will not be valid if this form is not signed. If applicable, attach a copy of the POA if not previously submitted.

**Under penalty of unsworn falsification,** I declare I have examined this request and any accompanying statements and, to the best of my knowledge, they are true and complete. If this request is being prepared by a person other than the individual whose application was denied, this declaration is based on all information known by the representative.

Signature of Adult Individual or Sponsor Requesting Appeal	Date
Name of Power of Attorney or Authorized Representative of H&SS or OPA	Phone Number
Mailing address of Power of Attorney or H&SS or OPA	<input type="checkbox"/> Valid Copy of POA attached <input type="checkbox"/> Valid Copy of POA previously submitted

**You must also complete the other side of this form**

**Denial Letter Statements:** The letter denying the application listed statements upon which the denial was based.

Is there anything stated in the denial letter that is incorrect? ☐ Yes ☐ No

If YES, explain in detail what is incorrect and attach any supporting evidence. If NO, it means all the statements in the denial letter are correct.

---

---

---

---

---

Attach additional pages if necessary.

**Other relevant facts that should have been considered by the Division, if none, write "None".**

Fact 1: 

---

---

Fact 2: 

---

---

Fact 3: 

---

---

Attach additional pages if there are more relevant facts we should have considered.

**Other considerations:** Thoroughly explain why the individual is eligible, addressing the statements and the law as stated in the denial letter.

---

---

---

---

---

---

---

---

---

---

---

Attach additional pages if necessary.

**Mail this form along with your \$25 appeal fee and any supporting documents in the enclosed envelope to:**

Permanent Fund Dividend Division  
PFD Appeals  
PO Box 110467  
Juneau, AK 99811-0467

If you have any questions on how to fill out this form please contact one of our Dividend Information Offices by calling  
Anchorage - (907) 269-0370, Fairbanks - (907) 451-2820, Juneau - (907) 465-2326.

or  
e-mail: [dor.pfd.info@alaska.gov](mailto:dor.pfd.info@alaska.gov)

07651 Back (Rev. 10/12)